



BOX AF
RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2136

03500.014352

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Masahiko YAMAGUCHI) : Examiner: S. Bowes
Appln. No.: 09/527,691) : Group Art Unit: 2136
Filed: March 17, 2000) :
For: DATA PROCESSING APPARATUS) May 25, 2004
AND METHOD FOR ENCRYPTION :
OR DECRYPTION OF)
COMMUNICATION :

RECEIVED

MAY 28 2004

Technology Center 2100

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR RECONSIDERATION

Sir:

In response to the final Office Action dated February 25, 2004, Applicant requests reconsideration and allowance in view of the following remarks.



In re Application of:

Masahiko YAMAGUCHI

Appln. No.: 09/527,691

Filed: March 17, 2000

For: DATA PROCESSING APPARATUS
AND METHOD FOR ENCRYPTION
OR DECRYPTION OF COMMUNICATION
DATA

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RESPONSE UNDER 37 C.F.R. § 1.116
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Docket No. 03500.014352

Examiner: S. Bowes

Group Art Unit: 2136

Date: May 25, 2004

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Sir:

Transmitted herewith is a Request for Reconsideration in the above-identified application.

☐ Additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	18	MINUS	18	0	x \$9 \$18	0
INDEP. CLAIMS	6	MINUS	6	0	x \$43 \$86	0
Fee for Multiple Dependent claims \$135/\$270						
			TOTAL ADDITIONAL FEE FOR THIS AMENDMENT—			0

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$ _____ is enclosed.

☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

☐ A check in the amount of \$ _____ to cover the Extension fee for response within _____ month is enclosed.

☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should be directed to our below-listed address.

Respectfully submitted,



Attorney for Applicant
Brian L. Klock
Registration No. 36,570

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

BLK/lmj